



**KELOWNA CANADIAN ITALIAN CLUB**  
770 Lawrence Avenue, Kelowna, BC, V1Y 6L9  
Telephone: (250) 762-0900 Fax: (250) 764-3069

## MEMBERSHIP FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

PC: \_\_\_\_\_

### SPOUSE/PARTNER INFORMATION IF JOINT MEMBERSHIP

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

### CHILDREN'S NAMES & DOB

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### REFERRALS

Name

Address

Phone

### SIGNATURES

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_